

Procedure for Hydrocephalus Shunt Malfunction In Child without History of Seizures

	Parent Signature		/	Date
Name	Phone			
Call Third				
Vall Second	Phone			
Name	Phone			
Call First				
Emergency Phone N	lumbers:			
Call 8-911 right awa history, then notify	ay if seizures occur in a child with parent.	h no	kno	wn seizure
Lethargy				
 Projectile Vomiti 	ing			
Complains of Se	evere Headache			
Signs of Shunt Malfu ❖ Irritable	<u>unction</u>			
If student has any of the	he following signs, please call parent	or e	merg	ency contac
Student's	Name	/	Sci	hool

By signing this form, authorization is hereby granted to release this information to appropriate school or bus personnel and classroom teachers as needed.

MHD 3/14